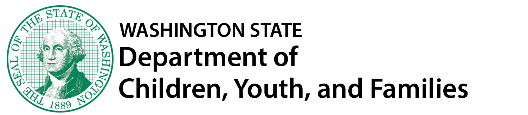
[](https://www.dcyf.wa.gov/)Contractor Information Update (for existing DCYF contractors)

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| --- | --- |
| **Section One: This section is for existing Contractors to provide current information as applicable.** | |
| Please complete the table below.   * Please complete your contact name, address, or name of person authorized to sign DCYF contracts, and enter those updates in the right column. * If you need to update other information on record, you must complete a new Contractor Information Form. Contact the person who sent you this form. * If you need to update your self-reported or certified status as a Women Owned Business Enterprise (WBE), Minority Owned Business Enterprise (MBE), Disadvantaged Business Enterprise (DBE), Community-Based Organization (CBO), or Faith Based Organization (FBO), you must complete a new Contractor Information Form. Contact the person who sent you this form. | |
| **Information Description** | **Contractor Information** |
| Contractor Name: |  |
| Business Organization: | Choose an item. |
| EIN or SSN: | Choose an item. |
| Contracts Terminated for Default: |  |
| Fiscal Year End: |  |
| UBI | UBI: |
| Primary Contact Name: |  |
| Primary Phone Number: |  |
| Primary Email: |  |
| Primary Fax: |  |
| Primary Address: |  |
| Name of Person who signs DCYF Contracts: |  |
| **Section Two: Address and/or Staff. This section allows you to add an address and/or staff person for this DCYF Contract.** | |
| * Is the primary address listed above the address DCYF should use for this contract? ☐ Yes ☐ No (If your answer is yes, proceed to next bullet. If your answer is no, provide the address for this contract on **Page 2**.) * Is the primary contact name listed above the person DCYF should contact for this contract? ☐ Yes ☐ No (If your answer is yes, proceed to next bullet. If your answer is no, provide the contact person for this contract on **Page 2**.) * Will the person who signs DCYF contracts listed above be signing this DCYF contract? ☐ Yes ☐ No (If your answer is yes, proceed to Section Three. If your answer is no, provide the name of the person who will sign this contract on **Page 2**.) | |
| **Section Three: Information Update Authorization** | |
| Please insert today’s date ( ) as the date you updated your contractor information. Please insert your name and title ( , ) as the person authorized to update your contractor information.  E-mail or fax your completed form to the person who sent you this form. | |

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| --- | --- | --- | --- | --- | --- |
| **Address DCYF should use for this Contract**  **(If you have additional addresses for this Contract, attach a listing of additional addresses.)** | | | | | |
| * Billing Address * Facility Address * Mailing Address | ADDRESS FOR THIS CONTRACT (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER) | | | | |
| CITY, STATE, AND ZIP CODE | | | | |
| PHONE NUMBER (INCLUDE AREA CODE)  **( )** | | | | COUNTY WHERE ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS) | |
| FAX NUMBER (INCLUDE AREA CODE)  **( )** | | | | EMAIL ADDRESS | |
| **(Contact Person DCYF should use for this Contract**  **If you have additional contact persons for this Contract, attach a listing of additional contact persons.)** | | | | | |
| Contact person for this Contract is a(n):   * Owner ☐ Officer or Board Member ☐ Partner ☐ Staff Member ☐ Elected Official * Other (please identify * Is the contact person authorized to sign contracts? ☐ Yes ☐ No   Is the contact person a contact for this DCYF contract? ☐ Yes ☐ No | | | | | |
| CONTACT PERSON’S NAME | | | CONTACT PERSON’S EMAIL ADDRESS | | |
| PHONE NUMBER (INCLUDE AREA CODE)  **( )** | | FAX NUMBER (INCLUDE AREA CODE)  **( )** | PAGER NUMBER (INCLUDE AREA CODE)  **( )** | | CELLULAR PHONE NUMBER (INCLUDE AREA CODE)  **( )** |
| **Person who will be signing this Contract**  **(If the contact person entered above will also sign this Contract, you don’t need to enter their information again.)** | | | | | |
| Person authorized to sign this Contract is a(n):   * Owner ☐ Officer or Board Member ☐ Partner ☐ Staff Member ☐ Elected Official * Other (please identify * Is the contact person authorized to sign contracts? ☐ Yes ☐ No   Is the contact person a contact for this DCYF contract? ☐ Yes ☐ No | | | | | |
| CONTACT PERSON’S NAME | | | CONTACT PERSON’S EMAIL ADDRESS | | |
| PHONE NUMBER (INCLUDE AREA CODE)  **( )** | | FAX NUMBER (INCLUDE AREA CODE)  **( )** | PAGER NUMBER (INCLUDE AREA CODE)  **( )** | | CELLULAR PHONE NUMBER (INCLUDE AREA CODE)  **( )** |
| **Section Four: Contractor Certification** | | | | | |
| **You must sign, date and return this form.**  I certify under penalty of perjury as provided by the laws of the State of Washington, that all of the foregoing statements are true and correct and that I will notify DCYF of any changes in any statement. | | | | | |
| SIGNATURE DATE | | | PRINTED NAME | | TITLE |